



Director's Desk

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Director

One million eConsults! What a tremendous milestone for our patients and system of care. It's a good

time to reflect on how much progress we have made to enhance specialty care services across DHS over the past eight years. In that time, we have gone from our now defunct paper-based specialty referral processes to eConsult, which allows for robust communication between a referring provider (most commonly based in primary care) and specialist who exchange information and together determine the best course of action for a patient. Under our old system, all specialty care required a face-to-face visit with a provider in a specialty care clinic. Compare that to our current system, which leverages innovative technologies (such as eConsult and also teleretinal screening as described in the article below) to provide care in more patient-centered and cost-effective ways. All of this relies on the commitment, passion, and in-

genuity of our DHS specialty care providers, our dedicated group of over 600 eConsult reviewers, and our network of primary care and other referring providers across (and beyond) DHS who have grown with us in this new system of care. There's no doubt that eConsult would not be the success that it is without the equal partnership and commitment of providers from all domains: specialty care, primary care, urgent care, emergency medicine, across all care settings, including correctional health, ACN clinics, DHS hospitals, community partners, and others.

It's for this reason that I am so excited about the recent retreat that brought together leadership from both primary care and specialty care. The one day event allowed for focused conversation about how we might better work together to further enhance services that matter most to our patients and to address the areas where perhaps we have had less focus, or less success, to date. I'm grateful to our Management Development team for facilitating the day's discussions and to all of our specialty and primary care providers for their passion and enthusiasm in bringing continued innovation to the care we provide. I look forward to sharing more in the future about some of the specific programs that emerge as a result of the day's work.

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DHS Specialty Primary Care Chair Retreat

By S. Monica Soni, MD

A healthy, happy relationship between specialty and primary care is critical to high quality patient care. While health systems across the country struggle with this interface, DHS continues to build on its robust foundation of eConsult and the Specialty Primary Care (SPC) Workgroups. On February 28th, the first SPC Chair Retreat was held at the California Endowment with grant funding from the Blue Shield of California Foundation. Dr. Hal Yee, Chief Medical Officer of DHS, opened the morning with a keynote highlighting the system's shift from acute, episodic care to continuous longitudinal care with primary care at the center. While the term "generalist" is commonly used, he shared his philosophy that primary care providers should be considered "specialists with their own fund of knowledge and expertise". Through this lens, figuring out how best to transition patients from one care setting to another, can

be more collaborative and supportive.

The 30 chairs and co-chairs present then went on to a skill-building activity on parallel thinking led by Yvonne Banzali, Josh Rutkoff and Bahar Basseri from the DHS Management Development Team. The highly interactive exercise focused on how to harness creativity in group settings to problem-solve resulting in new skills that could be applied to future workgroup meetings. Each participant then reviewed data on their respective specialty and feedback from DHS primary care providers on how the workgroups could best serve primary care. With this background, each chair created specific, achievable goals to be worked on throughout 2019. Some example goals include:

- Creation of protocols with pharmacy to handle expensive ophthalmologic drugs
- Expansion of Home Sleep Testing program for sleep apnea evaluation



- Improving access to Total Joint Surgery and Ortho Sports clinics

The goals will be a standing agenda item for the workgroups, and the chairs will share their progress at the SPC Steering Committee meetings. Additionally, a training webinar on how to pull and review OR-CHID and ELM reports has been organized for the SPC Chairs to help support data-driven quality improvement.

One Million eConsults!

By Stan Dea, MD

The DHS eConsult system has improved specialty care delivery for all the patients we care for and, as one of the largest programs of its type anywhere, has served as a model program for healthcare systems nation-wide. However, in July 2012, eConsult started more humbly with only 2 specialties with 53 eConsults sub-

mitted that first month. In the subsequent years, eConsult grew to 64 specialties including radiology, therapy, ancillary services and wellness program linkages. eConsult now averages close to 20,000 requests each month. We are pleased to announce that this month we have reached the landmark milestone of 1,000,000 eConsults!

eConsult is truly a multi-agency platform servicing the Departments of Health Services, Public Health and Mental Health.

(See 'eCONSULT' on 2nd page)

(‘eCONSULT’)

In addition to County hospitals and clinics, DHS specialists respond to requests from the jails, juvenile courts and hundreds of Community Partner/My Health LA clinic sites. eConsult allows health care providers to access specialty care services in a manner that is uniquely tailored to each patient’s specific needs.

Over these one million eConsults, our 600 specialty reviewers have averaged a response time of fewer than 3 calendar

days. We are grateful for their dedication and expertise.

The platform has undergone numerous enhancements to improve the experience for submitters, reviewers, schedulers and staff. Working with our Specialty-Primary Care workgroups, and the amazing eConsult support team, we expect to see continual improvement over the next million eConsults!

Highlighting LA County DHS Eye Health

By Lauren P. Daskivich, MD, MSHS

March is Save Your Vision month, but the LAC DHS Eye Clinics work hard every month to prevent blindness and improve sight throughout LA County. The demand for Eye Care services in DHS is high; 10% of our entire DHS eConsult volume is related to eye health, with close to 2,000 eConsult requests for Eye Care submitted monthly. Our Ophthalmology and Optometry clinics diligently work to meet these eye care demands, providing approximately 10,000 visits in January 2019 alone. Our DHS Ophthalmologists perform upwards of 800 clinic procedures and 450 surgeries a month for sight-threatening conditions such as diabetic retinopathy, cataract and glaucoma.

As highlighted in previous issues of The Pulse, the Eye Clinics don’t work alone to save vision. The LAC DHS Teleretinal Diabetic Retinopathy Screening Program, a primary care-based program where the vast majority of our diabetic patients receive their annual screening in primary care settings via retinal photography, has increased our DHS diabetic retinopathy screening rate by 26% since



LAC+USC Eye Clinic Team

implementation and eliminated the need for over 40,000 visits to Eye Clinic. This collaboration with our DHS primary care clinics is essential to saving vision in our LA County diabetic patient population!

Despite such a heavy workload, our eye health team has not lost sight of our commitment to educating our patients and the DHS community. To celebrate "Save Your Vision Month," the LAC+USC Ophthalmology Team held an Open House event where patients and community members were invited to the LAC+USC outpatient Eye Clinic to learn more about eye health and basic eye clinic operations. Developed from an innovative idea by the front-line nursing staff, the Open House event also offered the LAC+USC community the opportunity to give feedback and recommend changes, recognizing the importance of keeping the patient at the forefront of care. Patients and staff alike enjoyed the educational displays focused on increasing awareness of common conditions causing vision loss; conversations blossomed about the important role we can all play in health, wellness and saving vision. Executive staff from LAC+USC, DHS and USC were also there to celebrate the execution of this novel idea, highlighting another of the many partnerships in DHS created to bring high-quality, patient-centered eye care to our LA County patients.



Dr. Brad Spellberg, LAC+USC CMO; Dr. Narsing Rao, Chair of Ophthalmology, USC-Keck School of Medicine; Dr. Lauren Daskivich, DHS Director of Eye Health; Dr. Malvin Anders, Division Chief LAC+USC Ophthalmology; Isabel Milan, LAC+USC CNO; Shawn McGowan, LAC+USC Outpatient Nursing Director; Dr. Andy Lee, LAC+USC Outpatient Medical Director

CA Bridge Program Comes to DHS

DHS’s LAC+USC Medical Center, Olive View-UCLA Medical Center, and Harbor-UCLA Medical Centers are among the 31 health facilities selected for the California Bridge Program, an accelerated training program for hospitals and Emergency Departments to enhance access to around-the-clock rapid delivery of medication treatments for opioid use disorder. These sites will receive funding, training and technical assistance to improve and increase access to facility-wide treatment and referrals for substance use disorders. The program is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis Grant to the California Department of

Health Services.

The Bridge model approaches substance use disorder as a treatable chronic illness, viewing the emergency room and hospital as an important opportunity for beginning treatment. The program strives to meet patients “where they are” by developing a space that welcomes disclosure of opioid use, provides evidence-based treatment and connects patients with continued treatment. When patients with opioid withdrawal arrive seeking care, they will be offered a dose of medication such as buprenorphine to treat withdrawal. From there, they will be connected with community outpatient treatment. Studies show that when offered this option of medication

designed for addiction treatment, patients are more likely to remain in care than those that were offered referrals alone.

Bridge services integrated into sites like urgent care centers will serve as walk-in follow-up locations that patients can visit for continued care after beginning treatment in the hospital or emergency room. "Expansion of access to treatment for opioid use disorder saves lives and changes culture in Los Angeles. Having services in our public hospitals and ERs makes it easy for our community to get the help they need when they need it," says Dr. Rebecca Trotzky-Sirr, LAC+USC Medical Director of Urgent Care.



DHS SPOTLIGHT

Patient Safety

March 2019

Why is Patient Safety Important to Us?

We serve passionately so that our communities can flourish. One way we serve is by always having Patient Safety as an important element in providing excellent care to our patients.



What is Patient Safety?

Patient Safety is the prevention of errors, injuries, accidents, and infections that may harm our patients. We want to “do no harm” to our patients, even though we work in a challenging environment where errors can happen. Our Patient Safety initiatives help keep us focused on that goal, helping our patients get better quickly and thrive. We encourage all of our employees to help continuously improve the quality of our care by improving the safety of our patients.

An important element of Patient Safety is Just Culture. We work in a very complex environment where errors or potential errors are inevitable. Just Culture helps us navigate this environment by allowing us to be open and honest about these errors, while promoting continuous learning.



What is DHS Doing to Help Improve Patient Safety?

Since the Patient Safety Culture Survey in 2016, DHS has implemented several initiatives to help improve the culture of Patient Safety.

- **Just Culture** – DHS Leadership in collaboration with our Labor Partners implemented Just Culture in 2017. Our intent at DHS is to create a safe, fair, and just workplace in which everyone feels respected, treated fairly, and empowered to improve our system.
- **Daily Operational Safety Executive (DOSE) Briefing** – DOSE is a 10 to 15 minute meeting that brings leadership and management together to identify any issues that are observed within the past 24 hours that may adversely impact patient care.
- **TeamSTEPPS** – TeamSTEPPS is a team communication tool that improves patient safety by helping each team member know their role, communicate clearly, and feel empowered to speak up if they have a concern.

- **Helping Healers Heal (H3) Program** – H3 Program provides support to any staff who were affected by an adverse event, acknowledging that these situations can cause emotional distress.
- **Management Development Program** - DHS has begun its new Management Development Program that builds on existing core management functions to equip supervisors and managers throughout DHS with critical core management skills including effective communication, understanding of Just Culture, the ability to lead and manage change, etc.

What has been the Impact?

These initiatives have resulted in the improvement of several categories in subsequent Patient Safety Culture Surveys. We received 12,891 responses to the survey this year.

Scores Based Upon % of Favorable Responses				
PS Theme/ *DHS Added category	Item Level Questions	2018	2016	2014
Prevention & Reporting	In my work unit, we discuss ways to prevent errors from happening again.	↑	↓	68%
	Employees will freely speak up if they see something that may negatively effect patient care.	↑	↑	53%
	We are actively doing things to improve patient safety.	↑	↓	80%
	Mistakes have led to positive changes here.	↑	↓	57%
	When a mistake is reported, the focus is on solving the problem, not writing up the person.	↑	↓	36%
	My work unit works well together.	↑	↓	64%
*Non-Punitive Response to Error	Employees feel that mistakes they make are not kept in their personnel file.	↑	↑	23%
	Employees feel that mistakes they make are not held against them.	↓	↑	36%
Resources & Teamwork	Different work units work well together in this organization.	↑	↑	55%
Pride & Reputation	This organization makes every effort deliver safe, error-free care to patients.	↑	↓	78%
	Senior management provides a work climate that promotes patient safety.	↓	=	75%

Where do we go from here?

Our System

1. Continue to focus and strengthen upon the programs and initiatives so that we can continue to improve our Patient Safety Culture.
2. Implement the “WE CARE” service model that emphasizes understanding the patient’s as well as our staff needs and addressing them individually.

Our Employees

1. Submit Safety Intelligence (SI) Reports - We encourage everyone to submit reports of any incidents or safety concerns they observe.
2. Work As a Team – DHS is one system, and each person’s job is related to the success of another’s.
3. Help Stop the Blame Game & Create a Culture of Learning – We encourage everyone to continue to learn from our own experiences and each other.

Acknowledgments

It takes everyone to ensure that Patient Safety is at the forefront of our work. Dr. Arun Patel is the DHS Patient Safety Officer who helps lead the effort along with the support of Marife Mendoza, RN, Health Services Administration, Dr. Allison Luu, LAC+USC, Dr. Sarah Lopez, Harbor-UCLA, Dr Leslie Carranza, Olive View-UCLA, Dr. Konita Wilks, Rancho Los Amigos, Dr. Joseph Michael Allevato and Yvette Kemhadjian, RN, ACN, and Patricia Godoy Travieso, RN, CHS as well as our Labor Partners, and so many others.



**DHS
SPOTLIGHT**

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